

A 08251 MI 10 FDRD State Incident	12 2016 Sta 3 16-1208		NFIRS-1 Basic
Intersection Humber/Mill In front of Rear of Apt./suite/ Adjacent to	Bepast Prefix Street or Highway Wayne	P	869 - 00 12 12 13 14 15 15 15 15 15 15 15
C Incident Type 736 CO detector activation due D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N X None F Actions Taken [86] Investigate	Charte borse II defended to the state of the	always required 12 2016 22:0 IL required, trikes conceiled or did not arrive 12 2016 22:1 OLLEO optional, except for videland fires 12 2016 22:3 INTICLEARED, required except for videland fires 2016 22:3	9:00 Shift or Alarms District Plation Alarms District
Primary Action Taken (1) 81 Incident command Additional Action Taken (2)	Suppression 2 EMS 0 Other 0 Check box if resolutees include aid received re	Personnel Property \$ Contents \$ PRE-INCIDENT VALUE: Optional Property \$ Contents \$ Conte	
WiddLand Fire-8 1 X Apparatus-9 2	vice L	H3 Hazardous Materials Release Special HazMat actions required or spill >= 55 gal. Natural gas: slow leak, no evac. or HazMat actions Propane gas – Less than a 21 lb. tank Gasoline - vehicle fuel tank or portable container Kerosene - fuel-buming equipment/portable storage Diesel fuel/fuel oil - vehicle fuel tank/porteble Household/office solvent or chemical spill Motor oil - from engine or portable container Paint - spills less than 55 gallons None	Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 69 Office use 60 Industrial use 63 Military use 65 Farm use NN X Not mixed use

131 161 162 213 215 241 311 331	Restaurant or cafeteria Bar or nightclub Elementary school, including kindergarten High school/juntor high school/middle school Adult education center, college classroom 24-hour care Nursing homes, 4 or more persons Hospital - medical or psychiatric Outside Playground Crops or orchard	341 Clinic, dinic-type infirmary 342 Doctor, dentist or oral surgeon office 351 Jail, prison (not juvenile) 352 Jail, prison (not juvenile) 353 Motor vehicle or boat sales, services, repair 354 Jail, prison (not juvenile) 359 Business office 359 Business office 359 Business office 359 Business office 350 Laboratory or science laboratory 350 Laboratory or science laboratory 350 Manufacturing, processing 350 Residential board and care 350 Laboratory or science laboratory 350 Manufacturing, processing 351 Livestock, poultry storage 352 Parking garage, general vehicle 353 Vacant lot 354 Construction site 355 Graded and cared-for plots of land 356 Lake, civer, stream 357 Railroad fight-of-Way 358 Ostreet, other
915 93	9 Dump, sanitary landfill	960 Street, other Code 961 Highway or divided highway 962 Residential street, road or reaidential driveway
K1	Person/Entity Involved Loosl Option Check this boulf same address as incident Location (Section B). This sign has been diplicate address inc.	Busines Name (if Applicable) Area Code Phone Number Mr., Ma., Mrs. First Harne 32122
K	Same as parson involved? Then check this box and skip the rest of this block. Check this box if same Location (Sedion 8), Then skip the time duplicate address lines,	Bushnese Name (if Applicable) Area Code Prione Number Mr., Ms., Mn., First Name Mumber Prefix Street or Highway Street Type Suffix Post Office Box Apt/Sufer/Room City State Zip Code
Off	Authorization 47 Jeffery Pachron for in charge ID Signature 47 Jeffery Pochron signature Jeffery Pochron signature Jeffery Pochron signature Jeffery Pochron	Captain
5	Remarks Local Option 3 & R3 were dispatched to location for a report of a On arrival FD interview with the resident had the resi She stated that she called 911 because she was uns by the building's maintenance personnel.	O detector activation. Int stating to FD that the dwelling's combination CO detector had activated for a brief moment & then stopped sounding. In the first was any CO present in the home. The resident also stated that the CO detector was a new unit, recently installed

FD used its CO monitor to check for any CO within the structure, finding no CO reading on the monitor. FD had the resident run hot water from the bath tub to get the natural gas fueled water heater to operate. When the water heater began to operate, the FD CO monitor registered a slight CO reading of 7 while being held near the exhaust pipe on top of the water heater & then the unit again zeroed out. The dwelling's CO monitor did not activate. FD took its CO monitor outside into fresh air & restarted the unit again to establish a zero reading in the fresh air. After restarting the unit outside, the unit was again brought into the structure & a check of the water heater's exhaust piping with the unit, as well as the rest of the dwelling three levels, did not detect any CO presence within the structure.

FD advised the residence of its findings & that if the dwelling's CO alarm sounded again to again call 911.

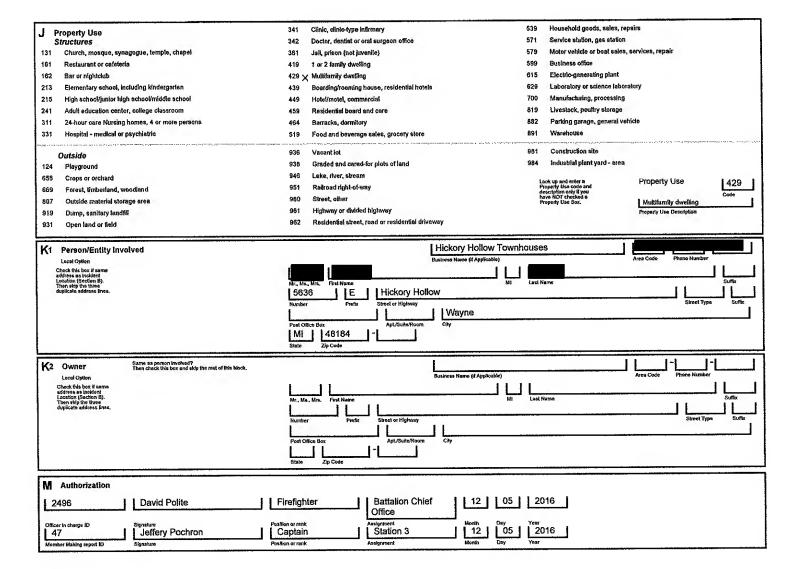
E3 took info for report & E3 & R3 cleared from incident.

A	12 2016 Sta 3 Stallon	16-12089W 0	J			NFIRS-9 Apparatus or Resources
B Apparatus or Resource	Dates and Times Check if the same date as Month/Day/Year	s Alasm date on the Basic Module (Block E1) HousMin	Midnight is 0000 Sent	Number of People		Actions Taken List up to 4 actions for each apparatus and each personnel.
1 ID E-3	Dispatch X 10/12/2016	2209	Sent	1 2 1	Other	86 81
Type 13	Arrival X 10/12/2016	2219	×		★ Suppression ★ EMS ★ Suppression ★ Suppressi	
and a second	Clear X 10/12/2016	2231				
2 ID R-3	Dispatch X 10/12/2016	2209	Sent		Other	
Туре 76	Arrival X 10/12/2016	2219	×		★ Suppression EMS	
	Clear X 10/12/2016	2231	<u> </u>		LMO	

	MI 10 12	2016	Sta 3	16-12089W Incident Number	0 Exposure					NFIRS-10 Personnel
B Apparatus or Res	ource Dates	and Tim		Alarm date on the Basic Module Hour/Min	Midnight is 0000 (Block E1)	Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main us at the incident.	Actions Taken List up to 4 actions for each personnol.	n apparatus and each
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Personnel ID 47 1220 B Apparatus or Res	Pochron, Jeffery Silvestri, Alexander ource Date:	e 	Captain Sgt	K Or Grade	Action Taken 86 86 Midnight to 0000 (Block E1)	Sent	81 81 81 Number of People	Apparatus Use Check ONE bos for each sppanrius to indicate its main us all the incident	Actions Taken	tion Taken
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Personnei ID 2494	Name Lyssiotis, Anthony		Rank Firefighter	k Or Grade	Action Taken	e Greenes	Action Taken	Action T	aken /	Action Taken
2434 # # # # # # # # # #	Resublen Jacob	descentations	Firefighter/Paran	nadic	86	reference		weere de comment et en	on an especial ferre and and	



A 08251 MI State	12 05 2016 Sta 3	16-14287W 0 Exposure		NFIRS-1 Basic
B Location Type X Street address Intersection In front of Rear of Adjacent to Directions US National Grid	Check this box to Indicate that the address for this Incident Module in Section B, "Alementive Location Specification," 5636		Canaus Tract 5669 - 00 Street Type Suffix MI 48184 - 2000	1 1 1
C Incident Type 424 Cerbon monoxi D Aid Given or Received Mutual aid received Automatic aid received Mutual aid given Automatic aid given Other aid given	Check boxes if dates are the Alexan Dates. Alexan Dates. A Their FDID Their State Community of the Communi		2016 19:50:00 2016 19:50:00	E2 Shifts and Atarms Local Option A 1 1 3 Shift or Alarms District Philoon Fishor Special Studies Local Option Special Study ID# Special Study Value
F Actions Taken 86	Grand X	Check this box and lest this block If an Apparatus or Personnel Module is used. Apparatus Personnel Lippression 1 2 C EMS 0 0 p Other 0 0 P	2 Estimated Dollar Losses and Values OSSES Required for all lines of known. None roperty \$	
Completed Modules Fire-2 Structure Fire-3 Civilian Fire Ces4 Fire Service Ces5 EMS-6 HazMat-7 WildLend Fire-8 X Apparatus-9 X Personnel-10 Arson-11	H1 Casualties Death Injury Fire 0 0 0 Civilian 0 0 H2 Detector Required for confined fires. 1 Detector alerted occupants 2 Detector did not alert occupants U Unknown	1 Natural gas: slow leak, n 2 Propane gas - Less than 3 Gasoline - vehicle fuel ta	required or spill >= 55 gal. to evac. or HazMat actions a 21 lb. tank ank or portable container equipment/portable storage cle fuel tank/portable t or chamical spill or portable conteiner	Mixed Use Property Mixed use, other Assembly use Educational use Medical use Residential use Row of stores Enclosed mail Business and residential use Office use Industrial use Mittary use Farm use NN Not mixed use



Remarks Local Option

E3 was dispatched to location for a report of a carbon monoxide detector activation without any persons experiencing CO exposure symptoms.

On arrival E3 spoke with the resident, who stated that her CO detector began sounding about 20 minutes prior to her calling 911 for FD response to the location. She stated that she had opened some of the dwelling's windows when the alarm began to sound & that the windows were still open. E3 checked the residence & found a CO level of 9 ppm within the structure, but that the level was slowly dropping.

The resident stated that she had also called the complex's maintenance about the CO detector activation. While E3 was @ the location, a private HVAC company (Burtons) showed up @ the location, stating that they had been contacted by the maintenance personnel & asked to respond to the location to determine the CO problem.

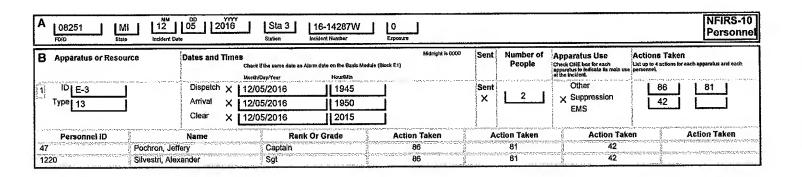
A check of all of the natural gas powered appliances within the structure found that the kitchen stove was giving off low levels of CO when operating. The resident did state that she had been using the oven prior to the CO detector sounding.

E3 advised the resident to not use the kitchen oven until the unit could be repaired and/or replaced, which the resident stated that she would do. The private HVAC company personnel stated that he would call the complex's maintenance personnel about the CO findings & if the appliance in question was to be repaired or replaced.

The residence was again ventilated by opening up windows until the CO level within the dwelling was zero. E3 then took info for report & E3 cleared from the incident.

NOTE-FD was unable obtain any information of the make/model of the kitchen range.

A	08251 F0ID	MI	NM DD YWY 12 05 2016 Incident Date	Sta 3	16-14287W	Ехровите					NFIRS-9 Apparatus or Resources
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	Туре 13		Arrival X	12/05/2016 12/05/2016 12/05/2016	1945 1950 2015		Sent X	_ 2 _]	Other X Suppression EMS	86 L	81



Prehospital Care Report

Westland Fire Department

37201 MARQUETTE WESTLAND, MI48185

Incident Date: 11/24/2016	Call #: 16-13844WL	Patient Care #: 1 Unit Call Sign: Rescue 4
Contract Carlotte	Patient Information	1971 C 200 10 10 10 10 10 10 10 10 10 10 10 10 1
Name:	Age	D.O.B: (mm/dd/yyyy)
	Gender:	SSN:
Address: 5636 E. Hickory Holl	low Weight:	Race:
Wayne, Wayne, MI4	8184 Phone:	Ethnicity:
	Provider Impression	
Primary Impression	Secondary Impression	
Altered Level of Consciousness	Not Applicable	Opposition and the second seco
100 may 1 ma	Narrative	and the second s
Summary of Events		
A534 dispatched to listed location for male will	th En route WLFD E3 advised there is a carb	on monoxide situation at location. Arrived on scene to
find incident invalving 4 pt's. Listed pt is		CO reading in home ranged 120-200 ppm CO.
Unknown how long pt's were exposed to this l	level.	Pt to A534 without
incident. Pt VS taken.		the good with a second state of the second sta
	Pt transported	to GCOH with ongoing pt assessments. Pt condition
Pt care to ED staff with report, 02 contin	nued at 15LPM via NRB. GCOH staff reports that the hyperbaric cha	mber on premises is used only for wound care therapy.
A534 clear.	,	
	Prior Aid	
		Performed By Outcome
Prior Aid	and the second s	N/A,
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Inc. Date: 11/24/2016
Incident #:

16-13844WL

Patient Name: Call #: 16-13844WL

Westland Fire Department

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Call Type: Altered Mental Statu Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Holl Wayne, Wayne, MI 48184	Disposition: Resp. Mode: Destination: Dest. Determ.: Diverted From: Response Delay: Scene Delay: Transport Delay: Lev	Treated, Transported by EMS Lights and Sirens GARDEN CITY HOSPITAL, 6245 INKSTER RD, Garden City, MI 48135 Specialty Resource Center None None Units	PSAP: 05: Disp. Notified: 05: Unit Disp.: 05: Enroute: 05: At Scene: 06: At Patient: 06: Depart: 06: Arrive Dest: 06: In Service: 07: Cancelled: In Quarters:	:54 :54 :54 :57 :04 :05 :26 :33 :04	Incident # Call Sign Veh. # Start Miles Scene Miles Dest. Miles End Miles	:: 16-13844W :: Rescue 4 :: Spare Resc :: 0.0 :: 0.0 :: 6.4	/L ue 3-2010 To	• Scene: 0. Fo Dest: 6.	4
Call Type: Altered Mental Statu Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Holl Wayne, Wayne, MI 48184 Crew Member Wilson, Tim(TW)	Disposition: Resp. Mode: Destination: Dest. Determ.: Diverted From: Response Delay: Scene Delay: Transport Delay: Lev	Treated, Transported by EMS Elights and Sirens GARDEN CITY HOSPITAL, 6245 INKSTER RD, Garden City, MI 48135 Specialty Resource Center None None Unit F rel of Certification I-Paramedic	PSAP: 05: Disp. Notified: 05: Unit Disp.: 05: Enroute: 05: At Scene: 06: At Patient: 06: Depart: 06: Arrive Dest: 06: In Service: 07: Cancelled: In Quarters:	:54 :54 :54 :57 :04 :05 :26 :33 :04	Incident # Call Sign Veh. # Start Miles Scene Miles Dest. Miles End Miles	:: 16-13844W :: Rescue 4 :: Spare Resc :: 0.0 :: 0.0 :: 6.4	/L ue 3-2010 To	• Scene: 0. Fo Dest: 6.	4
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Inc. Date: 11/24/2016

Incident #:

16-13844WL

Patient Name: Call #: 16-13844WL

Westland Fire Department

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Patient Name:

	gradius and the state of the st
Primary Response District	Station 3
Drug Box/ A-Pack	
Mutual Aid Given or Received	N/A
Department Given or Receiving Mutual Aid	NA
Additional WLFD units dispatched	

Inc. Date: 11/24/2016

Incident #: 16-13844WL Patient Name Call #: 16-13844WL

Westland Fire Department

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Ho	spital/Receiving Agent Signature
Hospital/Receiving Agent	
acknowledge that the above patient was transferred to my care.	
I AgreeI DisagreeNot Applicable	
Signature	111111
Printed Name S. Wright	Date 11/24/201606:42
	Patient Consent Form The consent of
HIPAA Consent	
before signing this consent. As provided in our notice, the terms of our request that we restrict how protected health information about you is to this restriction, but If we do, we are bound by our agreement. By si	y use and disclose protected health information about you. You have the right to review our notice r notice may change. If we change our notice, you may obtain a revised copy. You have the right to used or disclosed for treatment, payment or health care operations. We are not required to agree gning this form, you consent to our use and disclosure of protected health information about you for evoke this consent, in writing, except where we have already made disclosures in reliance on your
I Agreel DisagreeNot Applicable	
Waiver of Liability	
I refuse treatment and/or transportation by the providing ambulance treatment. I have been advised to seek the attention of a physician. I from my own, my child's own, or any other family member's refusal or	service. I assume responsibility for my own, my child's own, or any family member's medical release the providing ambulance service, its employees, officers and directors from liability resulting finedical treatment or transportation.
I AgreeI DisagreeNot Applicable	
Authorization for Billing	Market River and annual restrictive of the control
agents, fiscal intermediaries or carriers or an independent agency per billing information needed for this or a related claim. I understand I w	ers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their forming billing or collection functions on behalf of the ambulance service, any personal, medical or sill be responsible for any services that are not paid/covered by my insurance. A copy of this ntil revoked in writing by the patient/insured. I request payment of medical insurance benefits eithe
I AgreeI DisagreeNot Applicable	
Signature	
Printed Name	Date
	Technician
Technician	Annual Strategies (Strategies and Strategies and Strategies (Strategies and Strategies and Strat
I acknowledge that I have provided the above assessments/treatmen	ts for this patient. Source of the commence of
I Agreal DisagreeNot Applicable	
Ambulance Crew Member Statement	
available or willing to sign on the patient's behalf.	was physically or mentally incapable of signing, and that none of the authorized representatives were
I Agreet DisagreeNot Applicable	

16-13844WL

Patient Name: Call #: 16-13844WL

Westland Fire Department

Page: 4

Patient Name:

Signature

1. 1/1-

Printed Name Tim Wilson Reason Pt. Unable to Sign condition Date

Valuable

Valuables:

Other/Desc: medication bottles

Belongings Left: At Destination with Patient

Inc. Date: 11/24/2016

Incident #: 16-13844WL Patient Name Call #: 16-13844WL

Westland Fire Department

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Westland Fire Department

37201 MARQUETTE WESTLAND, MI4818

Prehospital Care Report

WESTLAND, MI48185

Patient Care #: 2 of 3

Patient Information Name: Age: Gender: SSN: Address: 5636 E. Hickory Hollow Weight: Wayne, Wayne, MI48184 Phone: Provider Impression Secondary Impression No Apparent Illness/Injury Not Applicable Narrative	Incident Date: 11/24/2016	Call #: 16-13844WL	Patient Care #: 2 of 3 Unit Call Sign: Rescue 2
Name: Addrass 50:36 E. Hickory Hollow Wayne, Wayne, N148184 Provider Trapsasion No. Apparent Illness/Injury No. Apparent Injury Cause No. Apparent Injury Cause No. Apparent Injury Cause No. Apparent Illness/Injury No. Apparent Illness/Injury No. Apparent Illness/Injury No. Apparent Illness/Injury No. Recorded Patient No. Apparent Illness/Injury No. Apparent Injury Cause No. Apparent Illness/Injury No. Apparent Injury No. Apparent Illness/Injury No. Apparent Illness/Injury No. Apparent Illness/Injury No. Apparent Illness/Injury No. Apparent Injury No. Apparent Illness/Injury No. Apparent Illness/Injury No. Apparent Illness/Injury No. Apparent Illness/In		Patient Information	Offic Call Sign, Rescue 2
Address: 5536 E. Hickory Hollow Wayne, Wayne, M149364 Primary Impression Secondary Impression No Apparent Riccost Johnson No Apparent Riccost Riccost Riccost Johnson No Apparent Riccost Riccost Riccost Riccost No Apparent Riccost Riccost No Apparent Riccost Riccost No Apparent Riccost	Name:		D.O.B: (mm/dd/yyyy)
Primary Impression Secondary Impression 10 Apparent Illness/Injury Secondary Impression 10 Apparent Illness/Injury Secondary Impression 10 Apparent Illness/Injury Not Applicable Netrative Summary of Events Dispetched for a CO alarm with multiple patients. Arrived to find 20 y/o male AAOx4 ambulatory outside. Dispetched for a CO alarm with multiple patients. Arrived to find 20 y/o male AAOx4 ambulatory outside. Dispetched for a CO alarm with multiple patients. Arrived to find 20 y/o male AAOx4 ambulatory outside. Dispetched for a CO alarm with multiple patients. Arrived to find 20 y/o male AAOx4 ambulatory outside. Dispetched for a CO alarm with multiple patients. Arrived to find 20 y/o male AAOx4 ambulatory outside. Primary Exposure view. Wy obtained. Primary Exposure view. Wy obtained. Primary Exposure view. Wy obtained. Primary Exposure view. Wy obtained Exposure view. Patient Nadications Generic Name Disage Primary Obtained From Pregnancy Advanced Directives Assessment Exam Politent Condition Chief Complaint: No Medical Complaint X Minutes Secondary Complaint: Alcohol/Drug Uses Injury Cause Inj			
Primary Impression Secondary I	Address: 5636 E. Hickory Hollow	Weight:	Race
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medical complaints during transport. Contacted HENS and gave P3 report. Upon arrival to Beaumont Wayne pt taken into the ER via wheelchair. Pt moved to ER bed, report given to ER RM, pt care transferred to ER medical staff. AS32 clear with no incidents. Prior Aid Performed By Outcome N/A, Past Medical History MEDICATION ALLERGIES Generic Name Doesge Medical Surgery History Patient Condition Chief Complaint No Medical Complaint X Minutes Secondary Complaint Alcohol/Drug Use: Injury Onset Injury Onset Injury Cause Injury Mechanism Injury Intent Not Recorded Mot Recorded October Associated Symptoms Not Recorded Patient Vitals Time Secondary Cause For Change Patient Vitals Time ECG Type ECG Lead ECG Interpretation ECG Monitor ECG Ecopy Cause For Change Procedures and Treatments Time Crow Name Location Size of Equipment Attempts Response Success Comments Intubation Confirmation	complaints. Pt ambulated to our ambulance. Pt sat on the be		
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Inc. Date: 11/24/2016
Incident #:

16-13844WL

Patient Name: Call #: 16-13844WL

Westland Fire Department

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16-13844WL

Patient Name: Call #: 16-13844WL Westland Fire Department

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Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I DisagreeNot Applicable

Signature

Printed Name Knauer, PA

Date 11/24/201606:44

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agreel DisagreeNot Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I AgreeI DisagreeNot Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicald Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I AgreeI DisagreeNot Applicable

Signature



Printed Name

Date 11/24/2016

Technician

Techniciar

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agreel DisagreeNot Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I AgreeI DisagreeNot Applicable

Inc. Date: 11/24/2016

Patient Name:

Call #: 16-13844WL

Westland Fire Department

Page: 3

Patient Name:

Signature

Mal X/ TR

Printed Name Mark Nation

Date 11/24/2016

Reason Pt. Unable to Sign

Valuables

Valuables:

Other/Desc: Phone

Belongings Left: At Destination with Patient

Inc. Date: 11/24/2016

Incident #: 16-13844WL Patient Name: Call #: 16-13844WL Westland Fire Department

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Prehospital Care Report

Westland Fire Department

37201 MARQUETTE WESTLAND, MI48185

Incident Date: 11/24/2016 Call #: 16-13844WL

Patient Care #: 3 of 3

			Unit	Call Sign: Rescue 2
	Patient	Information		F 10
Name:		Age:	D.O.B:	mm/dd/yyyy)
		Gender:	SSN:	
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ummary of Events	gang permunan ang kapatan ang kabupatan ang kabupatan ang kabupatan ang kabupatan ang kabupatan ang kabupatan		and the second s	
ispatched for a CO alarm with multiple patients. Arr omplaints. Pt ambulated to our ambulance. Pt sat or	n the jump seat. Pt was sleep	ing in the basement where	levels were 240 PPM of CO. Unknown how	
exposure was. V/S obtained, nedical complaints during transport. Contacted HEM:			the jump seat secured with a child harne of taken into the FR via wheelchalr. Pt mo	
eport given to ER RN, pt care transferred to ER med			A LUNCH MICO LINE LINE VILLEGISHAM FERMI	
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Inc. Date: 11/24/2016

Patient Name:Berry, Dominique
Call #: 16-13844WL

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Westland Fire Department

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Patient Moved To Ambulance Assisted/Walk	Patient's Position In Tra Sitting		Patient Moved From Ambul Wheelchair	ance	
Call Type and Location	Call Disposition		Response Times and Mileage		
Call Type: CO Poisoning/Hazmat Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Hollow Wayne, Wayne, MI	Disposition: Treated, Transported by EMS Resp. Mode: No Lights or Sirens Destination: BEAUMONT HOSPITAL WAYNE, 33155 ANNAPOLIS AVE, Wayne, MI	1st Resp. Arr.: PSAP: 05:54 Disp. Notified: 05:54 Unit Disp.: 05:54 Enroute: 05:58 At Scene: 06:10 At Patient: 06:11	Incident #:16-13844WL Call Sign: Rescue 2 Veh. #: Rescue 2-2011 Start Miles: 0.0 Scene Miles: 0.0	1 Cheverolet To Scene: 0.0 To Dest: 1.0 To End: 0.0	
48184	48184 Dest. Determ.: Closest Facility Diverted From: Response Delay: None Scene Delay: None Transport Delay: None	Depart: 06:30 Arrive Dest: 06:39 In Service: 07:19 Cancelled: In Quarters:	Dest. Miles: 1.0 End Miles: 1.0		
	Unit F	Personnel		Commence of the Commence of th	
Crew Member	Level of Certification		Role		
lation, Mark(MN)	EMT-Paramedic	e de la maria de la maria de la compresa de la maria de la mari	Primary Patient Caregiver	And the second s	
(napp, Brian(BK)	EMT-Paramedic	a complete a transition de description of the control of the contr	Secondary Patient Caregiver		
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16-13844WL

Additional WLFD units dispatched

/2016 Patient Name:

Call #: 16-13844WL

Westland Fire Department

Page: 2

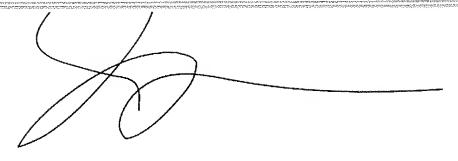
Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I AgreeI DisagreeNot Applicable

Signature



Printed Name Knauer, PA

Date 11/24/201606:43

Authorized Representative Signature

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I AgreeI DisagreeNot Applicable

Walver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I AgreeI DisagreeNot Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I AgreeI DisagreeNot Applicable

Witness

I acknowledge that I have witnessed the patient/guardian sign this Patient Care Report.

I AgreeI DisagreeNot Applicable

Authorized Representative

I am signing on behalf of the patient. I recognize that signing on behalf of the patient is not an acceptance of financial responsibility for the services rendered.

I AgreeI DisagreeNot Applicable

Signature

Printed Name Dorothy Barnes Relationship Great Grandma Address 3354 Turnberry Lane Date 11/24/2016

Authorized Representative

City Ann Arbor

Postal Code

Inc. Date: 11/24/2016

Incident #: 16-13844WL

4/2016 Patient Name:

Call #: 16-13844WL

Westland Fire Department

Page: 3

Patient	Name:	

Reason Pt. Unable to Sign Minor Child	Phone Number
	Valuables
Valuables:	
Other/Desc: None	

16-13844WL

Patient Name: Call #: 16-13844WL

Prehospital Care Report

Westland Fire Department

37201 MARQUETTE
WESTLAND, MI48185

Incident Date: 11/24/2016 Cali #: 16-13842WL

Patient Care #: 1

Unit Call Sign: Rescue 3

Life Threat: No

	Patier	nt Information			
Name:		Age:		D.O.B:	(mm/dd/yyyy)
		Gender:		SSN:	
Address: 5636 E Hickory Hollow		Weight:	_	Race:	
Wayne, Wayne, MI48184	SMRMA 1 477-1054 Two database and Mahamatan de describes en mark	Phone:		Ethnicity:	
	Provid	ler Impression			
Primary Impression	- Carlos Car	Secondary Impression		tal programme on the more more and a continuent different of the	and the second section of the second
Altered Level of Consciousness		Not Applicable	and the second seco		
		Narrative			
Summary of Events		en en en de les comments de l'activitées en le training de mandre de mandre de le contraction de la grape	on the second	e e e para e e e e e e e e e e e e e e e e e e	A STATE OF THE STA
A533 dispatched for someone yelling help. A533 arriv	red to find a language	*			
Pt states that she woke up and felt like she could not	breathe. Pt states that she	e opened all the windows to he	r home and noticed t	at her husband would	not get out of
bed. Pt states she went outside yelling for help.					
Upon further investigation of the home, E3 found ver	y high levels (300+ ppm) (of CO In the home. Pt vitals assessed.			and
		Pt Vitais 833e33cu.			
Pt transported without incident and	Jpon are	rival, A533 transferred pt cared	to ED staff with full	pt care report given.	
A533 returned in service.	nn ann an	to filtrations where we consider the contraction of	edynamia o metynania metynania makanali m	ngganera ezermileyeleti salarang menisti dalam menses si enta	Seture surveyances Conferent de la 1945 in de la
Activities of the second	1 2 2 2 3 4 4 A 4 C	Prior Aid			
Prior Aid		er enwende engele en engeleg af en governe en somste en	Performe	d By	Outcome
			N/A,		Acceptance of the second secon
		Medical History			
MEDICATION ALLERGIES	Generic Name	and the second s	Description	Annual constitution of the contract of the con	reconstruction of the contract
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History Primarily Obtained From Pregnancy A	Ivanced Directives			Practitioner N	ame Mariantina
	Ass	essment Exam	Non-terromony-Province to the Confession of the	and the second s	
	Pat	ient Condition		**************************************	
Chief Complaint:					
Secondary Complaint:					
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Time B/P Pulse Rhythm Resp. Effor	t SpO2 SpO2 Qual. E	tCO2 GCS Pain Stroke:	Sci PTA B.G. RT	S Limb Pati	ent Position
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Inc. Date: 11/24/2016

Incident #:

16-13842WL

Patient Name: Call #: 16-13842WL

Westland Fire Department

Page: 1

Time Crew Name		Location	Size of Equipment	Attempts Re	sponse Succe	ss Comments	
5:47 NW							
5:59 NW	And the second section of the section of th			managa da m	NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	granger	
6:04 NW	en men de station des de destactions et automobile des des actions de la comme de la comme						
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		Medication A	lministered				
Time Crew Medication		Route	Dosage	Response	PTA	Comments	
5:51 NW					N. N. 180 1-314 Januarian VIII N-		
		Injury I	letails				
		Paragraph	d / Position				
atient Moved To Ambula	nce	Patient Transpo tient's Position In Trans		Patient Move	ed From Ambul	ance	
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Call Type and Loc	Control of the Contro	Disposition		Response Time	es and wheage		
Call Type:		n: Treated, Transported by EMS	st Resp. Arr.:	V1-4 #4	: 16-13842WL		
Resp. Mode: Lights and S			PSAP: 05:35				
Urgency: Immedi Response: 911 Res		n: BEAUMONT	Visp. Notified: 05:35	_	Call Sign: Rescue 3 Veh. #: Rescue 3-2010 Cheverolet		
Location: Home/Resid		HOSPITAL WAYNE,	Enroute: 05:40		Start Miles: 0.0		
Address: 5636 E Hick		33155 ANNAPOLIS	At Scene: 05:45	Scene Miles	To Scene: 0.0		
Wayne, Way		AVE, Wayne, MI	At Patient: 05:46				
48184	ie, 141	48184	Depart: 06:15				
	1	:: Closest Facility	Arrive Dest: 06:20	Dest. Miles	: 1.0	To Dest: 1.0	
	Diverted From	İ	In Service: 06:45				
	Response Dela		Cancelled:				
	Scene Dela Transport Dela	-	In Quarters:	End Miles	:1.0	To End: 0.0	
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		Unit Pe	sonnel	Role			
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16-13842WL

Patient Name: Call #: 16-13842WL Westland Fire Department

Page: 2

Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agreel DisagreeNot Applicable

Signature

Printed Name Knauer

Date 11/24/201606:28

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I DisagreeNot Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I AgreeI DisagreeNot Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicald Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an Independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I AgreeI DisagreeNot Applicable

Signature



Printed Name

Date 11/24/2016

Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agreel DisagreeNot Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I AgreeI DisagreeNot Applicable

Inc. Date: 11/24/2016
Incident #:

16-13842WL

Patient Name Call #: 16-13842WL

Westland Fire Department

Page: 3

Signature

Printed Name Michael Bandy

Reason Pt, Unable to Sign

Valuables:

Inc. Date: 11/24/2016

Incident #: 16-13842WL Patient Name: Call #: 16-13842WL Westland Fire Department

Page: 4



A 08251 MI State	11 24 2018 State	ia 3 16-13842	Ехровите				NFIRS-1 Basic
intersection In front of Rear of Adjacent to	Check this box to indicate that the address for this in Module in Section 8, "Afternative Leestson 8 pecificat 5636	oldert is provided on the Wildland Fire on, "Use only for wildland fires, ory Hollow			nsus Tract 5669 - 0 CT Street Type Suff 48184 - Zip Code		
3 Mutual aid given) -	Controlled 11	Day required 24 red, unless canceled or did not a 24 optional, except for wildland fire EARED, required except for wild 24	2016	Máright Hour Min Sec 05:40:00 05:47:00 08:10:00 08:10:00	E2 Shifts and Ala Local Option B 1 Shift or Alarm Plutoon E3 Special Studi Local Option Special Study (D#	3 District
F Actions Taken 86		G1 Resource X Check this box and feet this is first Apparatus or Personnel Module is used. Apparatu Suppression [2] EMS 0 Other 0 Check box if resources counts include aid received resources.	is Personnel 3 0	G2 Estimated Dollar LOSSES Registed for all fire- Property \$ Contents \$ PRE-INCIDENT VALU Property \$ Contents \$	of Known. None O X O X		
Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas4 Fire Service Cas5 EMS-6 HazMat-7 VividLand Fire-8 X Apparatus-9 X Personnel-10 Arson-11	H1 Casualties Death Injury Fire 0 0 0 Civillan 0 H2 Detector Required for confined fires. Detector alerted occupants 2 × Detector did not alert occupant U Unknown	None H3 0 1 1 2 3 4 5 6 N N	Special HazMat actio Natural gas: slow leal Propane gas - Less ti Gasoline - vehicle fur Kerosene - fuel-burni Diesel fuel/fuel oil - vi Household/office solv Motor oil - from engin	ns required or spill >= 55 gal, c, no evac, or HazMat actions un a 21 lb. tank I tank or portable container ng equipment/portable storag shicle fuel tank/portable ent or chemical spill e or portable container		Mixed Use Proper Mixed use, other Assembly use Educational use Medical use Residential use Residential use Residential use Residential use Residential use I Row of stores Business and resident Office use Industrial use Military use Farm use NN Not mixed use	

J Property Use Structures 131 Church, mosque, synagogue, temple, chapel 161 Restaurant or cafeteria 162 Ber or nightcub 213 Elementary schoel, including kindergarten 214 High school/junior high school/middle school 224 Adult education center, college classroom 311 24-hour care Nursing homes, 4 or more persons 331 Hospital - medical or psychiatria Outside 124 Playground 655 Crops or orchard 669 Forest, timberland, woodland 807 Outside material storage area 919 Dump, sanitary landfili 931 Open land or field	341 Clinic, chnic-type infirmery 342 Doctor, dentiet or oral surgeon office 361 Jall, prison (not juvenile) 419 1 or 2 family dwelling 429 X Multifamily dwelling 439 Boarding/rooming house, residential hotels 449 Hotel/motel, commercial 459 Residential board and care 464 Barracks, dormitory 519 Food and beverage sales, grocery store 936 Vacant lot 938 Graded and cared-for plots of land 946 Lake, river, stream 951 Railroad right-of-way 960 Street, other 961 Highway or divided highway 962 Residential street, road or residential driveway	Household goods, seles, repairs 571 Service station, gas station 579 Motor vehicle or boat sales, services, repair 599 Business office 615 Electric-generating plant 629 Laboratory or science leboratory Manufacturing, processing 819 Livestock, poultry storage 882 Parking garage, general vehicle 891 Warehouse 981 Construction site 984 Industrial plant yard - area Look up and order a Property Use ode and description oright lyou have NOT checked a Property Use Bax. Property Use Description Multifamily dwelling Property Use Description
K1 Person/Entity Involved Local Option Check this box it same address as imders to the same address address ines.	Business Nume (if Appicable) Mr., Mrs., Final Name Number Prefix Street or Hishway Post Office Box Apt-Sulle/Room City State Zip Code	Area Code Phone Number
K2 Owner Local Option Check this box if earns address as incident. Then check this box and slip the rest of this block. Check this box if earns address as incident. Then slip the three duplicate address lines.	Business Namo (il Applicable) Mr., Mis., Mrs., First Name Number Prefix Street or Highway Post Office Box ApJ./Sulte/Room City Stale Zip Code	Area Code Phone Number
M Authorization 1886	Position or rank Assignment Month Day	24 2016
upstairs. Consumers energy was then contacted to res to the scene also. The condo was ventilated and the ur	nore people were found in the basement aox3. A CO monitor	uested from dispatched at this time. I showed 240 PPM in the basement and 120 ppm CO in the the 2 patients from the basement, and Battalion 1 responded basement. Engine 3 crew tried to isolate the source of the CO rgy truck23325.

A	08251 MI 11	MM DD YYYY 1 24 2016 dent Date	Sta 3 16	1-13842 -	O					NFIRS-9 Apparatus or Resources
В	Apparatus or Resource	Dates and Time	Check if the same date as Alarm di Month/Day/Year	ate on the Basic Module (Block Hour/Min	Midnight is 0000	Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each ap personnel.	paratus and each
1	DE-3	Dispatch X	11/24/2016	0540		Sent X	1 2 1	Other X Suppression	86	81
	Type 10	Clear X	11/24/2016 11/24/2016	0547 0810			<u></u>	EMS		
2	ID Batt1	Dispatch X	11/24/2016	0540		Sent	1 1 1	Other		81
	Туре 91	Arrival X	11/24/2016 11/24/2016	0547 0810		×		X Suppression EMS	73 L	

A 08251 MI 11 Incident Da	24 2016	Sta 3 16-13842 Station Incident Number	Exposure			NFIRS-10 Personnel
B Apparatus or Resource	1	if the same date as Alarm date on the Basic M Day/Year How/Min	Midnight is 0000 lodule (Block E1)	Sent Number o People	Check ONE box for each	Actions Taken List up to 4 schools for each apparatus and each personnel.
Type 10	Arrival X 11/2	4/2016 0540 4/2016 0547 4/2016 0810		Sent 2	Other X Suppression EMS	86 81 73
Personnel ID 1886 Tokarski, Mil 2495 McNeil, And	annon anno anno anno anno anno anno ann	Rank Or Grade ptain efighter	Action Taken 86 86	Action Taken 81 81	Action Taken 73 73	Action Taken
B Apparatus or Resource	1	if the same date us Alarm date on the Basic N Day/Year Hou <i>il</i> lin	Midnight is 0000 todule (Block £1)	Sent Number o People		Actions Taken List up to 4 ecitions for each apparatus and each personnel.
2 ID Batt1 Type 91	Arrival X 11/2	4/2016 0540 4/2016 0547 4/2016 0810		Sent X	Other X Suppression EMS	86 81 73
Personnel ID 1 68 Buck, Andre	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken